

DEA Regional Offices



Bridgeport Resident Office

915 Lafayette Blvd., Room 200
Bridgeport, CT 06604
(203) 579-5591
Fax: (203) 579-5530

Burlington Resident Office

P.O. Box 446
Williston, VT 05495
(802) 951-6777
Fax: (802) 951-6489

Cape Cod Resident Office

P.O. Box 708
Barnstable, MA 02630
(508) 362-2117
Fax: (508) 362-8303

Concord Resident Office

197 Loudon Road, Suite 300
Concord, NH 03301
(603) 225-1574
Fax: (603) 225-1543

Hartford Resident Office

Ribicoff Federal Office Building
450 Main Street, Room 628
Hartford, CT 06103
(203) 240-3233
Fax: (203) 240-3703

Logan Airport Task Force

One Harbor Side Drive, Suite 1095
Boston, MA 02128
(617) 561-5764
Fax: (617) 561-5772

Portland Resident Office

1355 Congress Street, Suite D
Portland, ME 04102
(207) 780-3331
Fax: (207) 780-3413

Providence Resident Office

Two International Way
Warwick, RI 02886
(401) 732-2550
Fax: (401) 739-2576

Springfield Resident Office

1441 Main Street, Suite 1000
Springfield, MA 01103
(413) 785-0284
Fax: (413) 785-0483

New Jersey Division

Peter Rodino Federal Building
970 Broad Street, Room 806
Newark, NJ 07102
(201) 645-6060
Fax: (201) 645-6297
Area Covered: New Jersey

Atlantic City Resident Office

Executive Plaza
2111 New Road, Suite 203
North Field, NJ 08225
(609) 383-3322
Fax: (609) 383-0884

Camden Resident Office

1000 Crawford Place, Suite 200
Mount Laurel, NJ 08054
(609) 757-5407
Fax: (609) 757-5006

New Orleans Division

Three Lakeway Center
3838 N. Causeway Blvd., Suite 1800
Metairie, LA 70002
(504) 840-1100
Fax: (504) 840-1103
Area Covered: Alabama, Arkansas,
Louisiana, Mississippi

Baton Rouge Resident Office

2237 S. Acadian Thruway, Suite 306
Baton Rouge, LA 70808
(504) 389-0254
Fax: (504) 389-0772

Birmingham Resident Office

234 Goodwin Crest, Suite 420W
Birmingham, AL 35209
(205) 290-7150
Fax: (205) 290-7157

Gulfport Resident Office

One Government Plaza, Suite 230
Gulfport, MS 39502
(601) 863-2992
Fax: (601) 868-3112

Jackson Resident Office

Dr. A. H. McCoy Federal Building
100 W. Capitol Street, Suite 1213
Jackson, MS 39269
(601) 965-4400
Fax: (601) 965-4401

Little Rock Resident Office

10825 Financial Parkway, Suite 317
Little Rock, AR 72211-3557
(501) 324-5981
Fax: (501) 324-6900

Mobile Resident Office

900 Western American Cir., Ste. 501
Mobile, AL 36609
(334) 441-5831
Fax: (334) 441-5289

Montgomery District Office

2720-A Gunter Park Drive, West
Montgomery, AL 36109
(334) 260-1150
Fax: (334) 223-4430

D-9

April, 1997

DEA Regional Offices



Shreveport Resident Office

401 Edwards, Suite 510
Shreveport, LA 71101
(318) 676-4080
Fax: (318) 676-4085

New York Division

99 10th Avenue
New York, NY 10011
(212) 337-3900
Fax: (212) 337-2799
Area Covered: New York

Albany Resident Office

Leo W. O'Brien Federal Building,
Room 930
Clinton Avenue & N. Pearl Street
Albany, NY 12207
(518) 431-4700
Fax: (518) 472-4525

Buffalo Resident Office

28 Church Street, Suite 300
Buffalo, NY 14202
(716) 551-4421
Fax: (716) 551-5160

Long Island Resident Office

175 Pinelawn Road, Suite 205
Melville, NY 11747
(516) 420-4500
Fax: (516) 420-6944

Rochester Resident Office

P.O. Box 14210
Rochester, NY 14614
(716) 263-3180
Fax: (716) 263-5870

Syracuse Resident Office

4600 W. Genesee Street
Syracuse, NY 13219
(315) 468-2772
Fax: (315) 468-2985

Philadelphia Division

William J. Green, Jr. Federal
Building
600 Arch Street, Room 10224
Philadelphia, PA 19106
(215) 597-9530
Fax: (215) 597-6063
Area Covered: Delaware,
Pennsylvania

Allentown Resident Office

504 W. Hamilton Street, Suite 2500
Allentown, PA 18101
(610) 770-0940
Fax: (610) 435-6854

Harrisburg Resident Office

228 Walnut Street, Room 579
Harrisburg, PA 17101
P.O. Box 887
Harrisburg, PA 17108-0887
(717) 782-2270
Fax: (717) 782-4851

Pittsburgh Resident Office

William S. Moorehead Federal Bldg.
1000 Liberty Ave., Room 1328
Pittsburgh, PA 15222
(412) 644-3390
Fax: (412) 644-4745

Scranton Post of Duty

401 N. Adams Plaza, Suite 305
Scranton, PA 18503
(717) 782-2270
Fax: (717) 341-9094

Wilmington Resident Office

One Rodney Square
920 King Street, Suite 404
Wilmington, DE 19801
(302) 573-6184
Fax: (302) 573-6296

Phoenix Division

3010 N. Second Street, Suite 301
Phoenix, AZ 85012-3055
(602) 664-5600
Fax: (602) 664-5611
Area Covered: Arizona

Nogales Resident Office

1370 W. Fairway Drive
Nogales, AZ 85621-3895
(520) 281-1727
Fax: (520) 281-1850

Sierra Vista Resident Office

500 Fry Blvd., Suite L14
Sierra Vista, AZ 85635-1840
PO Box 2169
Sierra Vista, AZ 85636-2169
(520) 458-3691
Fax: (520) 670-5025

Tucson District Office

3285 E. Hemisphere Loop
Tucson, AZ 85706-5014
(520) 573-5500
Fax: (520) 573-5632

Yuma Resident Office

3150 Windsor Avenue, Suite 202
Yuma, AZ 85365-4905
(602) 344-9550
Fax: (602) 344-1444

Rocky Mountain Division

115 Inverness Drive, East
Englewood, CO 80112
(303) 705-7300
Fax: (303) 705-7414
Area Covered: Colorado, New Mexico,
Utah, Wyoming

D-10
April, 1997

DEA Regional Offices



Albuquerque District Office

301 Martin Luther King Blvd., N.E.
Albuquerque, NM 87102
(505) 766-8925
Fax: (505) 766-8960

Cheyenne Resident Office

J. C. O'Mahoney Federal Building
2120 Capitol Avenue, Room 7010
Cheyenne, WY 82001
(307) 772-2391
Fax: (307) 772-2399

Colorado Springs Resident Office

111 S. Tejon, Suite 306
Colorado Springs, CO 80903
P.O. Box 350
Colorado Springs, CO 80901
(719) 471-1749
Fax: (719) 471-3647

Glenwood Springs Resident Office

401 23rd Street, Suite 300
Glenwood Springs, CO 81601
(970) 945-0744
Fax: (970) 945-8247

Las Cruces Resident Office

Loretto Town Center
505 N. Main Street, Suite 350
Las Cruces, NM 88001
(505) 527-6950
Fax: (505) 527-6966

Salt Lake City Resident Office

American Plaza III
47 West 200 South, Suite 401
Salt Lake City, UT 84101
(801) 524-4156
Fax: (801) 524-5364

San Diego Division

4560 Viewridge Avenue
San Diego, CA 91950
(619) 585-4200
Fax: (619) 585-4224
Area Covered: California (Border Area)

Carlsbad Resident Office

5973 Avenida Encinas, Suite 220
Carlsbad, CA 92008
(619) 931-2666
Fax: (619) 931-5974

Imperial County Resident Office

2425 LaBrucherie Road
Imperial, CA 92251
(619) 355-0857
Fax: (619) 355-2946

San Ysidro Resident Office

406 Virginia Avenue
San Ysidro, CA 92173
(619) 662-7115

San Francisco Division

450 Golden Gate Avenue
San Francisco, CA 94102
P.O. Box 36035
San Francisco, CA 94102
(415) 436-7860
Fax: (415) 436-7810
Area Covered: California (Northern)

Fresno Resident Office

1260 M Street, Room 200
Fresno, CA 93720
(209) 487-5402
Fax: (209) 487-5287

Monterey Resident Office

2560 Garden Road, Suite 207
Monterey, CA 93940
P.O. Box 3182
Monterey, CA 93942-3182
(408) 648-3050
Fax: (408) 648-3056

Sacramento Resident Office

1860 Howe Avenue, Suite 250
Sacramento, CA 95825
(916) 566-7160
Fax: (916) 566-7177

San Jose Resident Office

One N First Street, Suite 405
San Jose, CA 95113
(408) 291-7235
Fax: (408) 291-7720

Seattle Division

220 W. Mercer, Suite 104
Seattle, WA 98119
(206) 553-5443
Fax: (206) 553-1576
Area Covered: Alaska, Idaho, Montana, Oregon, Washington

Anchorage Resident Office

555 Cordova Street, Suite 600
Anchorage, AK 99501
(907) 271-5033
Fax: (907) 271-3097

Billings Resident Office

303 N. Broadway, Suite 302
Billings, MT 59101
(406) 657-6020
Fax: (406) 657-6047

D-11
April, 1997

DEA Regional Offices



.....

Blaine Resident Office

165 Second Street
Blaine, WA 98230
P.O. Box 1680
Blaine, WA 98231
(360) 332-8692
Fax: (360) 332-5704

Washington, D.C. Division

400 Sixth Street, S.W., Suite 2558
Washington, DC 20024
(202) 401-7834
Fax: (202) 401-7061
*Area Covered: District of Columbia,
Maryland, Virginia, West Virginia*

Boise Resident Office

607 N. Eighth Street, Fourth Floor
Boise, ID 83702
(208) 334-1620
Fax: (208) 334-9253

Baltimore District Office

200 St. Paul Place, Suite 2222
Baltimore, MD 21202
(410) 962-4800
Fax: (410) 962-3470

Eugene Resident Office

Federal Building
211 E. Seventh Avenue, Room 230
Eugene, OR 97401
(541) 465-6861
Fax: (541) 465-6796

Charleston Resident Office

Union Square
2 Monongalia, Suite 202
Charleston, WV 25302
(304) 347-5209
Fax: (304) 347-5212

Medford Resident Office

310 Sixth Street, Room B-3
Medford, OR 97501
(541) 454-4407
Fax: (541) 776-4263

Norfolk Resident Office

Federal Office Building
200 Granby Street, Room 320
Norfolk, VA 23510
(804) 441-3152
Fax: (804) 441-6639

Portland Resident Office

Green Wyatt Federal Building
1220 S.W. Third Avenue, Room 1525
Portland, OR 97204
(503) 326-3371
Fax: (503) 326-2341

Richmond Resident Office

8600 Staples Mill Road, Suite B
Richmond, VA 23228
(804) 771-2871
Fax: (804) 771-8167

Spokane Resident Office

1124 W. Riverside, Suite L300
Spokane, WA 99201
(509) 353-2964
Fax: (509) 353-2963

Roanoke Resident Office

210 Franklin Road, SW
Roanoke, VA 24011
(540) 857-2555

Yakima Resident Office

402 E. Yakima Avenue
Yakima, WA 97501
PO Box 4025
Yakima, WA 97501
(509) 454-4407
Fax: (509) 454-4413

D-12
April, 1997



DEA COMPLIANCE MANUAL

APPENDIX D

Forms and Exhibits

FORMS AND EXHIBITS

Name	Number
Regulatory Agency Contact Form	1
Power of Attorney for DEA Order Forms	2
Notice of Revocation	3
DEA Narcotic Blank Log	4
DEA 222 Transmission Log	5
Order Form Rejection Notification	6
Narcotic Order Review Form	7
MCA Transaction Report	8
ARCOS Transaction Reporting	9
Report of Loss or Theft of Controlled Substances (DEA Form 106)	10
Registrant's Inventory of Drugs Surrendered (DEA Form 41)	11
Key Log	12
Key Receipt	13
Monthly Alarm Walk Test Report	14
Incident Report	15
Access and Surveillance List	16
Delivery Vehicle Security Rules	17
Will Call Log	18
Consent and Release	19
Employment Security Information	20
Visitor Log	21
Miscellaneous Security Log	22
DEA Inspection Report	23
DEA On-Site Background Information Package	24
Limited Power of Attorney	25
DEA and ARCOS Audit Recap Sheet	26
Inventory Report	A
Unauthorized Entry to Warehouse	B
Restricted Area	C
Rules and Regulations of DEA	D
Subject to Search	E
Suspicious Order Analysis Report	F
Violence Prevention Procedures	G
Table of Offenses and Penalties	H
Selected Item Audit Report	I
DEA Certificate of Registration	J
DEA Registration Speedigram	K
DEA Registration Verification Letter	L
Ingredient Limit Report	M
Quarterly DEA Exception Report	N
Schedule II Order Form	O
Dosage Limit Chart	P
Error Correction	Q
MCA Dosage Limit Report	R

FORM NAME: REGULATORY AGENCY CONTACT FORM

FORM NUMBER: DEA # 1

FUNCTION: Used to document regulatory agency visits, inspections, and contacts. Provides Corporate Compliance Department with a means to monitor regulatory agency activity on a national level.

DISTRIBUTION: This two part form is to be completed as needed for any and all agency contacts. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.



REGULATORY AGENCY CONTACT FORM

1. _____

Division Name
Date / Time
2. **Contact was made with:**

☐ D.E.A. Representative
☐ FDA Representative

☐ State Board of Pharmacy Representative
☐ Other _____
(Please indicate agency)
3. **Contact was made by:**

☐ Telephone
 ☐ Visit at Division
 ☐ Visit at Agency
4. **Contact initiated by:**

☐ Division
 ☐ Agency
5. **NAME, ADDRESS, AND TELEPHONE NUMBER OF REPRESENTATIVE**

(Name)
(Title)

(Address)
(Office working out of)

(City)
(State)
(Zip)
6. **PURPOSE OF CONTACT (AUDIT, REQUESTING INFORMATION (include DEA's response), REPORTING SUSPICIOUS ORDERS, EXCESSIVE PURCHASES, ETC.)**

7. **IF INFORMATION OR RECORDS WERE PROVIDED, COMPLETE THE FOLLOWING:**

Information Sent: _____
 Delivery Method: _____
 Sent/Delivered By: _____
8. **FOLLOW-UP REQUIRED?** ☐ Yes ☐ No
9. **NAME OF EMPLOYEE COMPLETING THIS FORM:** _____

(Date)

WHITE - Division

(Signed)

YELLOW - Corporate Compliance

DUR 1301

FORM NAME: **POWER OF ATTORNEY FOR DEA ORDER FORMS**

FORM NUMBER: **DEA #2**

FUNCTION: **Used to authorize specific employees to obtain and execute order forms (DEA Form 222).**

POWER OF ATTORNEY FOR DEA ORDER FORMS

(Division Name)
(Address)
(DEA Number)

I, _____ the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute and appoint _____ (name of attorney-in-fact), my true and lawful attorney for me in my name, place and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and Part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

(Signature of person granting power)

I, _____ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

(Signature of attorney-in-fact)

Witnesses:

1. _____
2. _____

Signed and dated on the _____ day of _____, 19____,
at _____.

FORM NAME: NOTICE OF REVOCATION

FORM NUMBER: DEA # 3

FUNCTION: Used to revoke power of attorney.

NOTICE OF REVOCATION

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact _____ this same day.

(Signature of person revoking power)

Witnesses:

1. _____
2. _____

Signed and dated on the _____ day of _____, 19____ ,
at _____.

FORM NAME: DEA NARCOTIC BLANK LOG

FORM NUMBER: DEA # 4

FUNCTION: Used to record the order form numbers from the blanks received from DEA. Further information is also logged as a blank is used.

[illegible]

CAH_MDL_PRIORPROD_DEA07_01384086

FORM NAME: DEA 222 TRANSMISSION LOG

FORM NUMBER: DEA # 5

FUNCTION: Used in conjunction with Faxing Narcotic Order Forms
to verify faxed order form quantity and information.

CAH_MDL_PRIORPROD_DEA07_01384088

FORM NAME:

ORDER FORM REJECTION NOTIFICATION

FORM NUMBER:

DEA # 6

FUNCTION:

Used to comply with DEA regulation which requires written notification to a customer when all or part of their order form (DEA Form 222) has been rejected.

Date: _____
 Name: _____
 Telephone Number: _____

The Drug Enforcement Administration has established specific criteria for the acceptance of Federal Order Forms (DEA Form 222). In some cases, we are required to return the form to you and request a new or corrected form before shipping. In other cases, we can make minor changes and process the form for shipment.

Your Federal Order Form _____ was not complete and/or correct in all respects.
 We have handled this as follows:

☐ The omission and/or error indicated below is such that we are not permitted to process this form.

- ☐ Form is altered.
- ☐ Our name and/or address is not acceptable as shown.
- ☐ Sixty days have elapsed from date of execution.
- ☐ Item listed is not a Schedule II product.
- ☐ Item listed has been discontinued. It is still available in _____ NDC # _____.
- ☐ Package size is incorrect.
- ☐ Product description is incomplete.
- ☐ Number of packages or size is omitted.
- ☐ Lines completed less than actually ordered.
- ☐ Signature omitted.
- ☐ Line number _____ is voided.

☐ If your form is being returned.

- ☐ Reference our phone conversation.
- ☐ Please submit a new form.
- ☐ Please revise attached form and return.
- ☐ See example attached.

☐ Changes indicated below have been made (as permitted by DEA), and order has been shipped.
 This notice is for informational purposes only. No action on your part is required.

- ☐ Our name and/or address has been completed as required.
- ☐ Number of line items stated in box provided was more than actually listed. We lined out the blank line(s).
- ☐ You sent all three copies to us. We are returning Copy 3 for your files.
- ☐ We corrected the NDC number on line item number _____.
- ☐ We modified the dosage form on line item number _____. You requested _____ but the product is only supplied as _____.
- ☐ Substitution of different size package has been made on line item _____.
- ☐ Total product supplied is equal to or less than original request.
- ☐ Line item number _____ was not correctable. We cancelled this line and processed rest of order. Please submit new form for this item.

THANK YOU FOR YOUR COOPERATION.

FORM NAME: NARCOTIC ORDER REVIEW FORM

FORM NUMBER: DEA # 7

FUNCTION: Used to document order form (DEA Form 222) violations
when orders are not filled according to DEA regulations.

CARDINAL HEALTH NARCOTIC ORDER REVIEW FORM

During a routine review of customer DEA Forms 222, order form number _____ (copy attached) was found to be filled in violation of DEA regulations.

The omission and/or error is indicated below:

_____ Order Form Not Written in Ink or Not Signed	_____ NDC #, Strength or Dosage Form Incorrect
_____ Customer/Registration Number: Unable to I.D. or Altered	_____ "Lines Completed" Box Not Filled In
_____ 60 Day Lapse from Date of Execution	_____ "Lines Completed" Box Altered
_____ Item: Unable to I.D. or Altered	_____ Lines Completed Less than Lines Actually Ordered
_____ Size, Number of Packages or Strength Altered, Incorrect or Omitted	_____ Our Name and Address or Date Omitted
_____ Strength Dittoed	_____ Item Discontinued or Not a Schedule II
	_____ Customer Voided a Line

The resulting action should have been:

Void entire order form	_____
Void single line	_____
Fill in omission	_____

Appropriate personnel have been reminded of the regulatory requirements regarding the filling of order forms that have not been properly prepared.

Signature

Date

FORM NAME: MCA TRANSACTION REPORT

FORM NUMBER: DEA # 8

FUNCTION: Used to document any excessive purchase or unusual loss or activity of ephedrine, pseudoephedrine, and phenylpropanolamine products.



CARDINAL HEALTH

MCA TRANSACTION REPORT

Excessive Purchase

☐

Loss or Theft

☐

DEA Request

☐

Supplier:

Name:

Business Address:

City:

State:

Zip Code:

Business Telephone:

Purchaser:

Name:

Business Address:

City:

State:

Zip Code:

Business Telephone:

Identification:

Shipping Address (If different than purchaser address):

Street:

City:

State:

Zip Code:

Date of Shipment:

Product Description:

Quantity and Form of Packaging:

If Loss or Disappearance:

Date of Loss:

Type of Loss:

Description of Circumstances:

FORM NAME: **ARCOS TRANSACTION REPORTING**

_ FORM NUMBER: **DEA # 9**

FUNCTION: **Used to submit correction or additional transactions to
ARCOS**

Page of

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Reduction Project (0704-0188), Washington, D.C. 20503.

INSTRUCTIONS FOR CODING FORM

1. Characters should be printed easily and conform as closely as possible to examples below.
2. All fields in the transaction (except the transaction code (Field 2) and the date code (Field 3)) are capable of being duplicated without coding the entire field to accomplish this. It is necessary that the first (leftmost) character in each field be duplicated is coded using an equal (=) sign. The equal sign is the only character which can be used for this purpose.

MAILING INSTRUCTIONS

Retain duplicates for your records.
Mail the Original of completed form to:

**Drug Enforcement Administration
ARCOS
P.O. Box 28293
Washington, D.C. 20038 - 8293**

ARCOS TRANSACTION REPORTING

DRUG ENFORCEMENT ADMINISTRATION

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z * =

REPORTING REGISTRANT NUMBER	NATIONAL DRUG CODE LABEL CODE	PRODUCT CODE	PKG CODE	QUANTITY (Nbr. of Packages, Vials or Weight)	ASSOCIATE REGISTRATION NUMBER	DEA ORDER FORM NUMBER	LOT NUMBER (DEA USE ONLY)	STRENGTH	TRANSACTION DATE			TRANSACTION IDENTIFIER
									YR	MO	DAY	

10/23/20 Page 23 of 36
 * Used (right) Opp of Transaction Year

Previous editions may be used.

DEA Form - 333
(Feb. 1991)

FORM NAME: REPORT OF LOSS OR THEFT OF CONTROLLED
SUBSTANCES (DEA FORM 106)

FORM NUMBER: DEA #10

FUNCTION: Used to document and report to DEA any loss or theft of
controlled substances.

DISTRIBUTION: Original and one copy must be submitted to the local DEA
office. One copy to the Corporate Compliance Department
in Dublin. Copy(s) to state licensing agency as required.
One copy to file. Must be submitted within seven (7) days of
the incident

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES		OMB APPROVAL No. 1117-0001
Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.		DEA MANUAL AUTHORITY: Diversion Investigators 5124 FFS: 630-02
1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code) <div style="text-align: right; margin-right: 50px;"> ZIP CODE <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> </div>		2. PHONE NO. (Include Area Code)
3. DEA REGISTRATION NUMBER <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> 2 chr. prefix <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> 7 digit suffix <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </div> </div>	4. DATE OF THEFT OR LOSS 	5. PRINCIPAL BUSINESS OF REGISTRANT (Check one) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input type="checkbox"/> Pharmacy 2 <input type="checkbox"/> Practitioner 3 <input type="checkbox"/> Manufacturer 4 <input type="checkbox"/> Hospital/Clinic </div> <div style="width: 45%;"> 5 <input type="checkbox"/> Distributor 6 <input type="checkbox"/> Methadone Program 7 <input type="checkbox"/> Other (specify) _____ </div> </div>
6. COUNTY IN WHICH REGISTRANT IS LOCATED 	7. WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)
9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS ? 	10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1 <input type="checkbox"/> Night break-in 2 <input type="checkbox"/> Armed robbery </div> <div style="width: 30%;"> 3 <input type="checkbox"/> Employee pilferage 4 <input type="checkbox"/> Customer theft </div> <div style="width: 30%;"> 5 <input type="checkbox"/> Other (Explain) _____ 6 <input type="checkbox"/> Lost in transit (Complete Item 14) </div> </div>	
11. IF ARMED ROBBERY, WAS ANYONE: KILLED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ INJURED ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____	12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN ? \$ _____	13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN ? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) _____
IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:		
A. Name of Common Carrier 	B. Name of Consignee 	C. Consignee's DEA Registration Number
D. Was the carton received by the customer ? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with ? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past ? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____
15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS ? 		
16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA-222) WERE STOLEN, GIVE NUMBERS 		
17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES ? 		

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).

PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Title

Date

FOIA Confidential
Treatment Requested By
Cardinal

CAH SWE 019236

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384099

FORM NAME: **REGISTRANT'S INVENTORY OF DRUGS
SURRENDERED (DEA Form 41)**

FORM NUMBER: **DEA # 11**

FUNCTION: **Used to document and report to DEA the destruction and
disposal of controlled substances.**

DISTRIBUTION: **Two copies must be submitted to the local DEA office. One
copy to the Corporate Compliance Department in Dublin.
One copy to file.**

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
-------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: REGISTERED MAIL IS REQUIRED FOR SHIPMENTS OF DRUGS
VIA US POSTAL SERVICE (see instructions on reverse of form)

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Sub- stance Con- tent, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEA Form — 41
(Jul. 1984)

Previous edition may be used.

* See instructions on reverse side.

FOIA Confidential
Treatment Requested By
Cardinal

CONFIDENTIAL

CAH SWE 019238

CAH_MDL_PRIORPROD_DEA07_01384101

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, milliliters, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: ** (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ 19 _____

DESTROYED BY: _____

** Strike out lines not applicable.

WITNESSED BY: _____

INSTRUCTIONS

- List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3: e.g., morphine sulfate tabs., 3 pks., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 88 tabs., 1/2 gr. (32 mg.), etc.
- All packages included on a single line should be identical in name, content and controlled substance strength.
- Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
- There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
- Drugs should be shipped tape-sealed via prepaid express or registered mail to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

FORM NAME:

KEY LOG

_ FORM NUMBER:

DEA # 12

FUNCTION:

Used to list personnel who have been issued keys.

KEY LOG

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date

CAH_MDL_PRIORPROD_DEA07_01384104

FORM NAME: KEY RECEIPT

FORM NUMBER: DEA # 13

FUNCTION: Used to document the transfer of a key from the company to an employee.

Cardinal Health

Key Receipt

Employee Name: _____ **Date:** _____

Department: _____ **Key Number:** _____

I understand that I am responsible for the proper use of the key and will take all reasonable precautions to prevent any misuse. I will immediately notify the Cardinal Health Corporate Security Department in the event of theft or any other loss of the key. I will not have any copies of the key made and will turn in the key to the Cardinal Health Corporate Security Department when my employment terminates for whatever reason.

Employee Signature: _____

FORM NAME: MONTHLY ALARM WALK TEST REPORT

FORM NUMBER: DEA # 14

FUNCTION: Used to document proper functioning of alarm system and to maintain records of false alarms. Provides Corporate Compliance Department with information that can be used to evaluate alarm company service and divisional compliance with Company security policies.

DISTRIBUTION: This two-part form is to be completed at the end of each month. One copy must be sent to the Corporate Compliance Department in Dublin by the 15th of the following month. One copy to file.



MONTHLY ALARM WALK-TEST REPORT

DIVISION _____ FOR THE MONTH OF _____

ALARM COMPANY'S NAME _____

NUMBER OF FALSE ALARMS IN THE PAST MONTH _____

LAST FALSE ALARM _____

CAUSE OF FALSE ALARM _____

CORRECTIVE ACTION TAKEN _____

INSTRUCTIONS

Please check the following alarm equipment and indicate that it is functioning properly by placing a mark in the space provided.

- _____ Alarm call-up list is up-to-date
- _____ Ambush/Duress code on control panel is functioning
- _____ Sensitivity of all motion detectors is set correctly
- _____ Boxes and shelves are NOT blocking motion detectors
- _____ Photoelectric beams have a clean line of sight
- _____ Door contacts and audible alarms are functioning properly
- _____ Vault alarm system is functioning properly (scheduled openings & closings)
- _____ All closed circuit television cameras are working properly
- _____ All closed circuit television camera monitors are working properly
- _____ All electronically controlled doors are functioning properly
- _____ All robbery buttons are functioning properly (battery back-ups on hand-held buttons are fresh)
- _____ All intercoms are working properly

Signature of employee completing form

Date

This form is to be completed at the end of each month. Copy must be sent to the Corporate Compliance Office by the 15th of the following month.

WHITE - Division

YELLOW - Corporate Compliance

FOIA Confidential
Treatment Requested By
Cardinal

CAH SWE 019245

CONFIDENTIAL

CAH_MDL_PRIORPROD_DEA07_01384108

FORM NAME: INCIDENT REPORT

FORM NUMBER: DEA # 15

FUNCTION: Used to document security-related incidents which occur and require a detailed explanation (i.e., theft, burglary, vandalism).